

### Clinical Skills Rubric 1 – Otitoscopic Exam

- Can be assessed on inpatient or outpatient
- Can be assessed by faculty or senior resident (PGY2 or PGY3)
- View online module prior to assessment: [Acute Otitis Media by A. Ruan, J. Cheng | OPENPediatrics](#) (on You Tube)

### Pediatrics Clerkship Otitoscopic Exam Checklist

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Skill to be assessed	Unable to perform	Able to perform with prompting	Able to perform independently
1. Describes and performs proper positioning of the child prior to the otoscopic exam.			
2. Describes the technique, including positioning of the pinna for different ages, and accurately performs the otoscopic exam.			
3. Describes the TM including color, position, translucency, and other conditions.			
4. Accurately describes the findings of the TM (confirmed by preceptor).			
5. Accurately describes criteria for diagnosis of AOM.			

**Attending/Supervising Resident Name:** \_\_\_\_\_

**Attending/Supervising Resident Signature:** \_\_\_\_\_

### **Clinical Skills Rubric 2 – Developmental Assessment**

- Can be assessed inpatient or outpatient
- Can be assessed by faculty or senior resident (PGY2 or PGY3)
- Recommend reading the following short chapter prior to assessment: Caplin, D., Cooper, M. "Child Development for Inpatient Medicine", *Comprehensive Pediatric Hospital Medicine*. 2007: 1285 – 1292. This can be accessed through UTHSC Library website.
- You can use your Kube card during the assessment if desired.

### **Pediatrics Clerkship Developmental Assessment Checklist**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Skill to be assessed</b>	<b>Unable to perform</b>	<b>Able to perform with prompting</b>	<b>Able to perform independently</b>
1. Gains rapport with patient and caregiver.			
2. Developmental assessment is age-appropriate.			
3. Assesses whether earlier milestones were achieved on time.			
4. Describes "red flags" for a given age.			
5. Synthesizes an overall assessment for the child's development (delayed versus normal).			
6. Able to describe one or more issues that may impact on validity of screening exam.			

**Attending/Supervising Resident Name:** \_\_\_\_\_

**Attending/Supervising Resident Signature:** \_\_\_\_\_